## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:  $\underline{\text{Mail}}$ 

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

PFIZER INC  190 EAST 42ND STREET  STH FLOOR STOP 49  NEW YORK, NY 10017-5612  JUL 2 4 2006  NEW YORK, NY 10017-5612  JUL 2 4 2006  NEW YORK, NY 10017-5612  JUL 2 4 2006  NEW YORK, NY 10017-5612  Rebeat of the Mail Source o	naintenance fee notification	S		ecifying a new c		and/or (b) indicating a sepa		
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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  10/824,034 04/14/2004 R. Mark Gmins PC11716B 6039  ITILE OF NEWTHON: ENANTHOMESS OF SCI_CHCHLORO.PHENYL.)+HYDROXY_3-METHYL_BH_MIDAZOL_4-YL_METHYL_H-13-CHYDROXY_3-METHYL_BUT-1-YNYL_PHENYL_H-1-METHYL_H-14-CHYDROXY_3-METHYL_BUT-1-YNYL_PHENYL_H-1-METHYL_H-14-CHYDROXY_3-METHYL_BUT-1-YNYL_PHENYL_H-1-METHYL_H-1-QUINOLID NO SALITS THEREOF, USEFUL IN THE TREATMENT OF CANCER  APPLIN_TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 \$11/23/2005  EXAMINER ART UNIT CLASS_SUBCLASS  SEAMAN, D MARGARET M 1625 \$46-157000  1. Change of correspondence address (or Change of Correspondence Address from FYOSBA12) attached.  1. Change of correspondence address (or Change of Correspondence Address from FYOSBA12) attached.  1. Change of correspondence address (or Change of Correspondence Address from FYOSBA12) attached.  1. Change of correspondence address (or Change of Correspondence Address from FYOSBA12) attached.  1. Change of correspondence address (or Change of Correspondence Address from FYOSBA12) attached.  2. For printing on the patent if front page, list (1) the names of up to 3 registered attornay or agents on Address from FYOSBA12 attached.  2. For printing on the patent if front page, list (1) the names of up to 3 registered attornay or agents on Address from FYOSBA12 attached.  3. ASSIGNEE WAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PLEASE check the appropriate assignee category or categories (will not be printed on the patent): I an assignment of Fee(5) is enclosed.  3. ASSIGNEE WAME AND RESIDENCE: (CITY and STATE OR COUNTRY)  PLEASE CHOCK the appropriate actions of Fee(5) and provide a state of the patent of Fee(5) or credit any overpayment, to Deposit Account Number 16-1445  3	PFIZER INC 150 EAST 42ND S 5TH FLOOR - STO	TREET OP 49	JUL 24	2006				
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Steve T. Zelson   Christian M. Smolizz	10/824,034	04/14/2004	R. Mark			PC11716B	6039	
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CRN 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered patch attorneys or agents. If no name is 1 listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignmen.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Pfizer Inc  New York, NY  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual **Corporation or other private group entity Individual **Corporation or other private group en	SEAMAN, D MARGARET M 1625				546-157000			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual **Corporation or other private group entity **Government**  4a. The following fee(s) are enclosed:  **A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-1145 (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFB 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is required to apply the Issue fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) with not be application anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the Universitates Patent and Trademark Office.	CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required.	dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence ation form e of a Customer	(1) the names of or agents OR, alto (2) the name of a registered attorne 2 registered pater listed, no name w	ames of up to 3 registered patent attorneys OR, alternatively, ame of a single firm (having as a member a attorney or agent) and the names of up to ed patent attorneys or agents. If no name is name will be printed.			
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual **Corporation or other private group entity Government 4a. The following fee(s) are enclosed:    A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is a	DI FASE NOTE: Unless	an assignee is identified b	elow, no assignee dat	a will appear on	the patent. If an assign	nee is identified below, the	document has been filed for	
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Payment by credit card. Form PTO-2038 is attached.  Advance Order - # of Copies	4a. The following fee(s) are		4b. P	ayment of Fee(s)	:			
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July 19, 2006		•	_	b. Applicant is:	no longer claiming SMA	ALL ENTITY status. See 37	CFR 1.27(g)(2).	-ct-
July 19, 2006	The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the lss ublication Fee (if required) and of the United States Par	ue tee and Publication will not be soccepted to the and Trademark Of	n Fee (if any) or to om anyone other lice:			<u>.</u>	10824034
Typed or printed name Christian M. Smolizza Registration No. 46,319	Authorized Signature	Musten /r	ue ly			July 19, 2006		
	•	Christian 1		za_	_		······	1614
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	lity is governed by 35 U.S.C pplication form to the USP is for reducing this burden, sginis 22313-1450. DO NOT -1450.	C. 122 and 37 CFR 1.1 TO. Time will vary de thould be sent to the C SEND FEES OR CO	pending upon the hief Information MPLETED FOR	officer, U.S. Patent and MS TO THIS ADDRES	minutes to complete, included to comments on the amount of d Trademark Office, U.S. Do SS. SEND TO: Commissions	time you require to complete partment of Commerce, P.O. rr for Patents, P.O. Box 1450,	000



Docket No.: **PC11716B** U.S. Serial No.: **10/824,034** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

**GUINN ET AL.** 

**APPLICATION NO.: 10/824,034** 

Examiner: Seaman, D. Margaret M.

FILING DATE: APRIL 14, 2004

Group Art Unit: 1625

TITLE:

ENANTIOMERS OF 6-[(4-CHLORO-PHENYL)-HYDROXY-(3-METHYL-3H-IMIDAZOL-4-YL)-METHYL]-4-[3-(3-HYDROXY-3-METHYL-BUT-1-YNYL)-PHENYL]-1-METHYL-1H-QUINOLIN-2-ONE AND SALTS THEREOF, USEFUL IN THE TREATMENT OF CANCER

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## **ISSUE FEE TRANSMITTAL**

This document responds to the Notice of Allowance and Issue Fee Due form mailed to Applicants' attorney on August 23, 2005.

Attached to this document is the original part B of the above form.

Respectfully submitted.

Date: 7/19/06

Christian M. Smolizza Attorney for Applicant

Reg. No. 46,319

Pfizer Inc Patent Department, 150-5-49 235 East 42nd Street New York, NY 10017-5755 (212) 733-9094